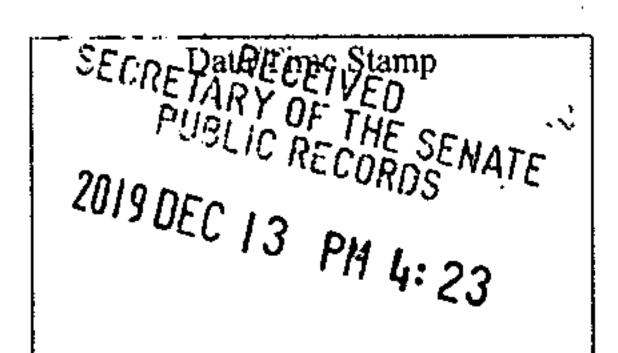
COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION



Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Jordan Ebert	
Name of Traveler:	
Office of U.S. Senator	Jerry Moran
Employing Office/Committee:	. · · · · · · · · · · · · · · · · · · ·
Conference	e of State Bank Supervisors
Travel Expenses Paid by (List all sources):	
September 30-October 2, 2019	
Travel Date(s):	· · · · · · · · · · · · · · · · · · ·
Employee Post-	-Travel Disclosure of Travel Expenses: Form RE-2
Description/Title of Attached Forms:	<u> </u>
	
	I did not check the two boxes
The Control of the Alexander Control	
certifying that the original Employee Pre-Travel Author	nding original submission):
Certification Form with all attachments were attached	
	<u></u>
	<u> </u>
12/13/2019	Jordan / Kit
(Dale)	(Signature of Traveler)

Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:				

		this form within 30 day lic Records in 232 Har			
In compliance with Ru be reimbursed/paid for			sures with respect to t	travel expenses that have been or v	νi
A copy of the Priva	te Sponsor Travel Cer	rization (Form RE-1), <u>A</u> rtification Form with all	attachments (itinerary	y, invitee list, etc.)	
Private Sponsor(s) (list	all): Conference o	f State Bank Superv	isors	<u> </u>	_
Travel date(s): Septe			<u> </u>		_
INCLUDE LODGING C	SING DID NOT INCR	Child	COMPANYING SPOUS	SE OR DEPENDENT CHILD, ONLY	
Expenses for Employe	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)	
☐ Good Faith Estimate	591.65	479.52	47.23	n/a	
⊠ Actual Amount					
Expenses for Accomp	anying Spouse or De	ependent Child (if applie	able):	<u>. </u>	
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)	
☐ Good Faith Estimate	n/a	n/a	n/a	n/a	
☐ Actual Amount					
necessary.): I attended	all of the meetings on the	vents attended. See Sena ne attached agenda from th	te Rule 35.2(c)(6). (A e "Welcoming Remarks"	Attach additional pages if " at 8:15am on October 1st through th	e
"Break" at 10:30am on	October 2nd.			<u>-</u>	
12/13/2019 (Date)	Jordan (Printed	Thet name of traveler)		(Signature of traveler)	
TO BE COMPLETE	D BY SUPERVISING	MEMBER/OFFICER:			
I have made a determine Authorization form, as	nation that the expense re necessary transporta	ses set out above in connation, lodging, and relate	ections with travel desided expenses as defined	scribed in the <i>Employee Pre-Trav</i> I in Rule 35.	el
10/12/0010			Jerry	Moran	

(Revised 1/3/11)

Form RE-2

(Signature of Supervising Senator/Officer)